

HISTORIC DESIGNATION REMOVAL

Please complete the following application checklist. Note that additional information may be required upon further review in order to adequately address the applicable criteria for approval. If you have any questions about filling out this application, please contact Planning staff at the Permit and Information Center, phone (541) 682-5377, 99 West 10th Avenue, Eugene.

List all Assessors Map and Tax Lot numbers of the property included in the request.

	Assessor's Map	Tax Lot	Zoning	
Street	Address (if available):			
Existin	g Use(s) of the Property:			
Propos	sed Use(s) of the Property:			
Histori	c or Common Name:			
Filing F	Fee A filing fee must accompany all applicati periodically by the City Manager. Check fee or check website www.eugeneplann ttal Requirements:		rmation Center to determine the require	
of initi Follow	al submittal. Please note that it is the ap	application materials (i.e. written statemer plicant's responsibility to make sure that to and additional paper copies may be requ	he CD and paper copies are identical.	
Su co re	nsistent with all applicable approval crite	ny additional materials or evidence necesseria (see Section 9.8170 of the Eugene Cocution demonstrating how the project satisful denial of the application.	le). Please note that it is the applicant's	ıre
Pr	rting Analysis and Documentation ovide a legal description of all property i eet of paper (no letterhead) so that it is	ncluded in the application. This descriptio suitable for recording.	n must be typed on an 8-1/2 x 11" white	ļ.

www.eugene-or.gov/planning

Updated: March 2014

 $99~\mathrm{W.}~10^{\mathrm{TH}}$ Avenue, Eugene, OR 97401

Phone: 541.682.5377 or E-mail:planning@ci.eugene.or.us

information supplied in this application is complete and accurate to the best of my (our) knowledge.						
OWNER (Also the Applica	nnt? Yes / No):					
Name (print):	Phone:					
Address:						
City/State/Zip:						
Signature:						
APPLICANT / APPLIC	ANT'S REPRESENTATIVE [] (Check one):					
Name (print):	Phone:					
Company/Organization:						
Address:						
City/State/Zip:	E-mail (if applicable):					
Signature:						

By signing, the undersigned certifies that he/she has read and understood the submittal requirements outlined, and understands that omission of any listed item may cause delay in processing the application. I (We), the undersigned, acknowledge that the

Updated: March 2014